

# Return of Organization Exempt from Income Tax

**2004**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning                     , 2004, and ending                     

**B** Check if applicable:

<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions.	<b>SANTA CLARITA VALLEY FOOD PANTRY</b> 24133 RAILROAD AVE NEWHALL, CA 91321-2918	<b>D</b> Employer Identification Number	95-4014804	
<input type="checkbox"/> Name change			<b>E</b> Telephone number	661-255-9078	
<input type="checkbox"/> Initial return			<b>F</b> Accounting method:	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
<input type="checkbox"/> Final return			<input type="checkbox"/> Other (specify) <u>                    </u>		
<input type="checkbox"/> Amended return			<b>H and I are not applicable to section 527 organizations.</b>		
<input type="checkbox"/> Application pending			<b>H (a)</b> Is this a group return for affiliates? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**G** Web site: ▶ N/A

**J** Organization type (check only one) . . . . .  501(c) 0 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 136,168.

**H (b)** If 'Yes,' enter number of affiliates. ▶                     

**H (c)** Are all affiliates included? . . . . .  Yes  No  
(If 'No,' attach a list. See instructions.)

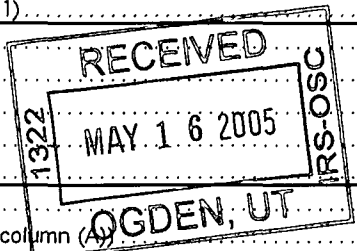
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number . . . ▶                     

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support . . . . .	1a	134,578.	
	b Indirect public support . . . . .	1b		
	c Government contributions (grants) . . . . .	1c		
	d Total (add lines 1a through 1c) (cash \$ <u>134,578.</u> noncash \$ <u>                    </u> ) . . . . .	1d		134,578.
	2 Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	2		
	3 Membership dues and assessments . . . . .	3		
	4 Interest on savings and temporary cash investments . . . . .	4		1,590.
	5 Dividends and interest from securities . . . . .	5		
	6a Gross rents . . . . .	6a		
	b Less: rental expenses . . . . .	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a) . . . . .	6c		
	7 Other investment income (describe <u>                    </u> ) . . . . .	7		
	8a Gross amount from sales of assets other than inventory . . . . .	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses . . . . .	8a		
	c Gain or (loss) (attach schedule) . . . . .	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	8c		
	8d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> . . . . .			
	a Gross revenue (not including \$ <u>                    </u> of contributions reported on line 1a) . . . . .	9a		
	b Less: direct expenses other than fundraising expenses . . . . .	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .	9c		
	10a Gross sales of inventory, less returns and allowances . . . . .	10a		
	b Less: cost of goods sold . . . . .	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .	10c		
	11 Other revenue (from Part VII, line 103) . . . . .	11		
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .	12		136,168.
	13 Program services (from line 44, column (B)) . . . . .	13		68,778.
	14 Management and general (from line 44, column (C)) . . . . .	14		19,689.
	15 Fundraising (from line 44, column (D)) . . . . .	15		
	16 Payments to affiliates (attach schedule) . . . . .	16		
	17 Total expenses (add lines 16 and 44, column (A)) . . . . .	17		88,467.
	18 Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .	18		47,701.
	19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	19		252,897.
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .	21		300,598.



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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	20,378.	20,378.		
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,647.	1,647.		
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	438.	438.		
34 Telephone	34	1,365.	683.	682.	
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,987.		1,987.	
43 Other expenses not covered above (itemize):					
a See Statement 1	43a	62,652.	45,632.	17,020.	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	88,467.	68,778.	19,689.	0.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? PROVIDING FOOD TO THOSE IN NEED

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a	(Grants and allocations \$ _____)	68,778.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		68,778.

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing .....	105,346.	45	148,603.
	46 Savings and temporary cash investments .....	88,232.	46	64,319.
	47 a Accounts receivable .....		47 a	
	b Less: allowance for doubtful accounts .....		47 b	47 c
	48 a Pledges receivable .....		48 a	
	b Less: allowance for doubtful accounts .....		48 b	48 c
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51 a Other notes & loans receivable (attach sch) .....		51 a	
	b Less: allowance for doubtful accounts .....		51 b	51 c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54 Investments – securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments – land, buildings, & equipment: basis .....		55 a	
	b Less: accumulated depreciation (attach schedule) .....		55 b	55 c
56 Investments – other (attach schedule) .....		56		
57 a Land, buildings, and equipment: basis .....	184,072.	57 a		
b Less: accumulated depreciation (attach schedule) .....	Statement 2... 3,779.	57 b	57 c	
58 Other assets (describe ▶ .....		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....	155,906.	59	180,293.	
60 Accounts payable and accrued expenses .....		60		
61 Grants payable .....		61		
62 Deferred revenue .....		62		
63 Loans from officers, directors, trustees, and key employees (attach schedule) .....		63		
64 a Tax-exempt bond liabilities (attach schedule) .....		64 a		
b Mortgages and other notes payable (attach schedule) .....	96,585.	64 b	92,617.	
65 Other liabilities (describe ▶ .....	2.	65		
66 <b>Total liabilities</b> (add lines 60 through 65) .....	96,587.	66	92,617.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....		67	
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....	252,897.	72	300,598.
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	252,897.	73	300,598.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	349,484.	74	393,215.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	136,168.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	136,168.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	136,168.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	88,467.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	88,467.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	88,467.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 3		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No

If 'Yes,' attach schedule - see instructions.

**Part V Other Information** (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		85b	N/A
c Dues, assessments, and similar amounts from members.		85c	N/A
d Section 162(e) lobbying and political expenditures.		85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).		85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities.		86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		89b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.			N/A
90a	List the states with which a copy of this return is filed <u>CA</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		90b	0
91	The books are in care of <u>SANTA CLARITA VALLEY FOOD PAN</u> Telephone number <u></u> Located at <u>24133 RAILROAD AVE. NEWHALL, CA</u> ZIP + 4 <u>91321-2918</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year.	92	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
94 Membership dues and assessments . . .					
95 Interest on savings & temporary cash invmnts. .	900001	1,590.			
96 Dividends & interest from securities . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from pers prop . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		1,590.			
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,590.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

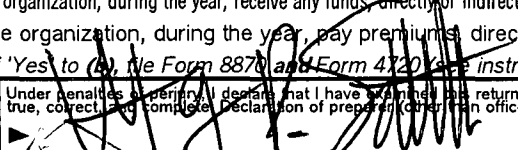
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (a), file Form 8870 and Form 4720 (See instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please  Date 5/9/05

H. TREASURER

Client 2

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

1/28/05

04:34PM

**Statement 1**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADOPT-A-FAMILY	103.	103.		
AUTOMOBILE EXPENSES	3,558.	3,558.		
BANK CHARGES	226.		226.	
DUES & SUBSCRIPTIONS	150.	150.		
EQUIPMENT RENTAL	919.	919.		
FOOD	17,350.	17,350.		
INSURANCE	7,007.		7,007.	
INTEREST	7,228.	3,614.	3,614.	
MISCELLANEOUS	1,702.	1,702.		
OFFICE SUPPLIES	2,960.	1,480.	1,480.	
POSTAGE AND NEWSLETTER	1,677.	1,677.		
PROFESSIONAL SERVICES	1,450.		1,450.	
REPAIRS & MAINTENANCE	1,139.	1,139.		
RUN AGAINST HUNGER	4,194.	4,194.		
SENIOR PROGRAM	5,120.	5,120.		
TAXES PROPERTY	-341.		-341.	
UTILITIES	7,169.	3,585.	3,584.	
VOLUNTEER EXPENSE	1,041.	1,041.		
<b>Total</b>	<b>\$ 62,652.</b>	<b>\$ 45,632.</b>	<b>\$ 17,020.</b>	<b>\$ 0.</b>

**Statement 2**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Miscellaneous	\$ 184,072.	\$ 3,779.	\$ 180,293.
<b>Total</b>	<b>\$ 184,072.</b>	<b>\$ 3,779.</b>	<b>\$ 180,293.</b>

**Statement 3**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
LAURA MOREFIELD 24133 RAILROAD AVE. NEWHALL, CA. 91321, CA 91321	President None	\$ 0.	\$ 0.	\$ 0.
PATRICIA ROSE 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.

Client 2

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

1/28/05

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Statement 3 (continued)  
Form 990, Part V  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
SUE HOLL 24133 RAILROAD AVE. NEWHALL, CA 91321	Treasurer None	\$ 0.	\$ 0.	\$ 0.
DR. TOM SCHOENBAUM 24133 RAILROAD AVE. NEWHALL, CA 91321	Vice President None	0.	0.	0.
BELINDA CRAWFORD 24133 RAILROAD AVE. NEWHALL, CA 91321	Executive Direc 25 HOURS	0.	0.	0.
DON DAVIS 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.
DENNIS LUPPENS 24133 RAILROAD AVE. NEWHALL, CA 91321	Vice President None	0.	0.	0.
STEVE NAKUTIN 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.
JAN FEAR 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.
GREG SANTILLI 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.
PAUL TRAVERS 24133 RAILROAD AVE. NEWHALL, CA 91321	Director None	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Client 2

SANTA CLARITA VALLEY FOOD PANTRY

95-4014804

1/28/05

04:34PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reducin.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.					
1	LAND	12/24/02		115,120							115,120					0					
2	BUILDING	12/24/02		42,578							42,578	1,792	S/L	MM	27.5	.03636	1,548				
3	AIR CONDITIONER	10/08/04		7,874							7,874		S/L		10		131				
4	ROOF REPLACEMENT	10/06/04		18,500							18,500		S/L		10		308				
Total												184,072	0	0	0	0	184,072	1,792			1,987
Total Depreciation												184,072	0	0	0	0	184,072	1,792			1,987
Grand Total Depreciation												184,072	0	0	0	0	184,072	1,792			1,987

Form 990/990-PF